

INCIDENT/INJURY REPORT FORM

Please PRINT or TYPE

TIME & PLACE	Date/Time of Incident	Location: Street, City, Building, Room No. (Be specific)		
PREMISES CONDITION	Type of Premises	Conditions		Police Report Which Agency:
	<input type="checkbox"/> Construction Site <input type="checkbox"/> Parking Lot <input type="checkbox"/> Hallway <input type="checkbox"/> Sidewalk <input type="checkbox"/> Lobby/Entrance <input type="checkbox"/> Stairway <input type="checkbox"/> Office <input type="checkbox"/> Street <input type="checkbox"/> Other:	<input type="checkbox"/> Dry <input type="checkbox"/> Uneven Surface <input type="checkbox"/> Icy <input type="checkbox"/> Other: <input type="checkbox"/> Snowy <input type="checkbox"/> Wet	Report # _____ <input type="checkbox"/> Not Reported	
INCIDENT DESCRIPTION	Describe What Happened (Use additional sheet if necessary):			
INJURED PERSON	Name		Age	Phone No.
	Address			
DESCRIPTION OF INJURY & MEDICAL TREATMENT	Injury - Describe the type, severity, and body part involved (Use additional sheet if necessary):			
	Was Medical Treatment Given? Yes <input type="checkbox"/> No <input type="checkbox"/> Will seek treatment later <input type="checkbox"/>			
	Name of Medical Facility/Doctor		<input type="checkbox"/> Transported by Ambulance <input type="checkbox"/> Transported by Other: _____	
PROPERTY DAMAGE	Owner's Name		Address	Phone #
	Describe the property and the damage (Use additional sheet if necessary):			
WITNESSES Give the Full Name and Address of Each Witness	Name	Address		Phone #

Name/Title of the Employee completing this Report _____ Phone #: _____

System Member: _____ Department: _____ Date: _____

INSTRUCTIONS FOR COMPLETION OF INCIDENT/INJURY/PROPERTY DAMAGE REPORT

- 1) Assist the individual and call 911 if emergency medical assistance is needed. Report all serious injuries and safety hazards to local police department (if applicable), District Extension Administrator or Program Leader.
- 2) The AgriLife Employee involved in, observing or discovering the injury/property damage is responsible for completing this report. Relate only to the facts on this form. Do not give this form to the injured person to complete. Do not contact the injured person later to obtain information. Be observant. Attempt to get as much information as possible at the time of the incident.
- 3) Do not discuss the accident with anyone except the police authority, District Extension Administrator or Program Leader.
- 4) District Extension Administrator or Program Leader should file the incident report with AgriLife Ethics & Compliance.